

Morbidity and Mortality

Weekly
Report

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PUBLIC HEALTH SERVICE

Prepared by the

COMMUNICABLE DISEASE CENTER

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PROVISIONAL INFORMATION ON SELECTED NOTIFIABLE DISEASES IN THE UNITED STATES AND ON
DEATHS IN SELECTED CITIES FOR WEEK ENDED FEBRUARY 8, 1964

INFLUENZA - Type A₂ influenza virus has been identified as the presumptive etiologic agent in a respiratory disease epidemic recently observed in northwestern Washington, (MMWR, Vol. 13, No. 5). Additional outbreaks have been reported from neighboring areas in Washington during the past week, but have not involved any other States. Influenza A has also been implicated in the current outbreak in Taiwan. Epidemic respiratory disease continues on the Island of Kyushu, Japan, where an influenza B virus has been shown to be the etiologic agent.

Washington State

Preliminary laboratory studies have implicated influenza A₂ virus as the probable etiologic agent in recent outbreaks in Skagit County.

Serologic studies were performed at the Respirivirus Laboratory, CDC, using unpaired sera obtained from selected typical cases as follows: Eight acute specimens were drawn from patients within 48 hours of disease onset; 15 convalescent specimens were obtained from patients with onset 7-14 days previously. H. I. titers to several influenza antigens were determined and results for the two groups compared. Of the 8 acute sera, none had a measurable titer to A₂/Jap/170/62 and only one had a titer to A₂/Jap/305/57 (titer of 1:10). Of the 15 convalescent sera, all but one had a measurable titer to A₂ antigens (14/15 or 93%); 11 of the 15 (73%) had titers of 1:40 or higher and 9 of 15 (60%) had titers of 1:80 or higher. Titers against influenza B antigens were very similar in the two groups. Geometric mean titer against the B/Maryland/1/59

Table 1. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
(Cumulative totals include revised and delayed reports through previous weeks)

Disease	6th Week Ended		Median 1959 - 1963	Cumulative, First 6 Weeks		
	February 8, 1964	February 9, 1963		1964	1963	Median 1959 - 1963
Aseptic meningitis	22	15	---	155	145	---
Brucellosis	13	9	11	39	31	51
Diphtheria	5	4	12	27	35	119
Encephalitis, primary infectious ..	18	25	---	103	112	---
Encephalitis, post-infectious	25		---	97		---
Hepatitis, infectious including serum hepatitis	1,054	1,285	1,285	5,476	6,606	6,606
Measles	8,170	11,675	11,482	35,259	51,041	53,956
Meningococcal infections	53	70	54	306	337	326
Poliomyelitis, Total	2	6	7	5	24	61
Paralytic	2	4	5	4	20	23
Nonparalytic	-	1	---	1	2	---
Unspecified	-	1	---	-	2	---
Streptococcal Sore Throat and Scarlet fever	11,953	10,963	---	55,909	53,077	---
Tetanus	3	3	---	27	24	---
Tularemia	1	3	---	40	25	---
Typhoid fever	4	4	8	39	29	44
Rabies in Animals	89	63	73	407	330	374

Table 2. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	-	Psittacosis: Wisc. - 1, Ga. - 1	3
Botulism: Ky. - 2	2	Rabies in Man:	-
Leptospirosis:	3	Smallpox:	-
Malaria: Wyo. - 1, Calif. - 1	14	Typhus-	-
Plague:	-	Murine:	-
		Rky Mt. Spotted:	3

ABSENTEEISM AT S M BOARDING SCHOOL - LACEY, WASHINGTON
JANUARY, FEBRUARY, 1964



strain was 1:48 in the acute group and 1:50 in the convalescent. Viral isolation studies and conventional serologic determinations on paired specimens are also being performed. These results will be given in a later report.

The Skagit County outbreak has spread during the past week to involve communities in neighboring Whatcom and Snohomish Counties, where an increasing number of case reports and moderately elevated school absenteeism have been observed. In addition, a second epidemic focus was noted in early February in the town of Lacey (Thurston County), five miles north of Olympia and about 180 miles south of Skagit County. A boarding school in Lacey (total enrollment 300) experienced a sharp outbreak of acute respiratory disease with peak absence levels of 25% reported on February 4. (See accompanying Figure.) There is no evidence of increased absenteeism in other schools in Thurston County at present. Laboratory specimens have been obtained from the boarding school outbreak, and are now being processed.

It is of some interest that a 3-day-school holiday occurred approximately one week before this outbreak. Two students enrolled at the school were known to have visited Concrete during the holiday period, which coincided with the peak of the Skagit County epidemic.

Another limited outbreak has been noted among patients and staff at a Veterans Administration Hospital in Seattle. About 25 cases were observed during the first four days of February, with an additional 10 cases detected since then. The illness has not been concentrated on any single ward or service. Specimens have been obtained and are being processed. Only sporadic cases have been reported from the remainder of the Seattle Community.

(Reported by Ernest A. Ager, M.D., Chief, Division of Epidemiology, State Department of Health, Olympia, Washington; Donald R. Peterson, M.D., Epidemiologist, Seattle-King County Health Department, Seattle, Washington, and a team from the Communicable Disease Center).

(Continued on page 52)

ENCEPHALITIS REPORTING

The accompanying table presents a summary of cases of post-infectious encephalitis reported in the Weekly Telegraphic Report for the first five weeks (January) of the current year. Reporting of post-infectious encephalitis, specified by etiology, was recommended by the 1963 Biennial Conference of State and Territorial Epidemiologists, effective January 1964. Prior to this year, post-infectious encephalitis was not separately classified. The definitions of the Epidemiologists read as follows:

"1. Primary encephalitis, defined as an acute febrile illness with encephalitic manifestations as an intrinsic part of the disease. This category will include ARBO infections as well as acute encephalitis of *unknown etiology*, (our emphasis.)

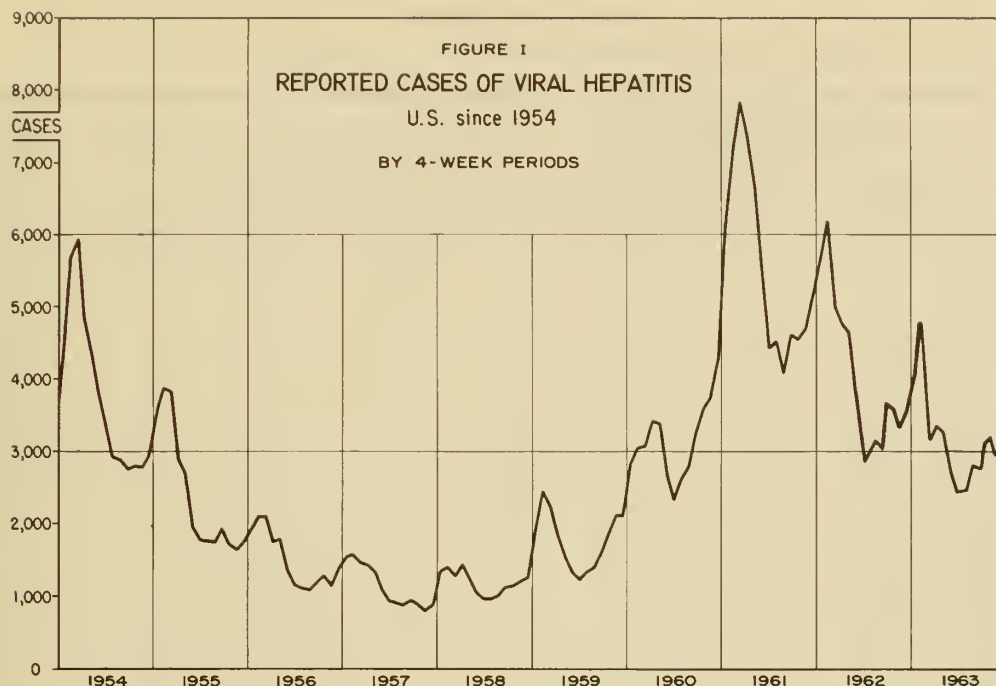
"2. Post-infectious encephalitis, defined as an illness with encephalitic manifestations but with a pre-existing diagnosed infection. Post-infectious encephalitis is to be specified by the preceding inciting cause, e.g., measles encephalitis, rubella encephalitis, post-vaccinal encephalitis, post-rabies immunization encephalitis, etc."

The summary for the first five weeks reflects the practice of reporting relatively large numbers of post-infectious encephalitis, unspecified. Since by definition encephalitis of unknown etiology should be included in the category of primary encephalitis, reports of unspecified "post-infectious" encephalitis will be included in the weekly tabulation of primary encephalitis cases. The monthly summary will present only those cases for which etiology has been specified, either at the time of the report to the CDC, or by later communication.

REPORTED CASES OF POST-INFECTIONAL ENCEPHALITIS
FOR JANUARY
5 WEEKS ENDING 1/4, 1/11, 1/18, 1/25, AND 2/1

REPORTING AREA	INCITING CAUSE			
	Mumps	Chickenpox	Measles	Unspecified
NEW ENGLAND				
Massachusetts				1
Rhode Island				3
Connecticut				1
MIDDLE ATLANTIC				
New York, Up-State	2		1	
New Jersey				1
Pennsylvania				1
EAST NORTH CENTRAL				
Ohio	3	1		
Indiana				2
Illinois	6			1
Michigan	3			5
WEST NORTH CENTRAL				
Minnesota				1
Iowa	1			
Missouri				1
SOUTH ATLANTIC				
Maryland				3
Virginia				5
Georgia	1			
Florida				7
EAST SOUTH CENTRAL				
Kentucky				5
Tennessee	2			
WEST SOUTH CENTRAL				
Arkansas	1			
Texas				1
PACIFIC				
Washington	1		1	
Oregon	2			
California				9
U.S. Total	22	1	2	47

(Stores not reporting a case not listed)



HEPATITIS

The 10,250 cases of viral hepatitis reported for the quarter ending December 31, 1963, are the resultant of two divergent trends:

- 1) The seasonal increase in incidence of viral hepatitis usually seen in the autumn, and
- 2) The long-term, nation-wide decrease in incidence of the disease.

Both of these factors can be seen in Figure 1. The total number of cases of hepatitis reported for the epidemiologic year 1963-64, which ends in June 1964, should reflect a continued long-term downward trend.

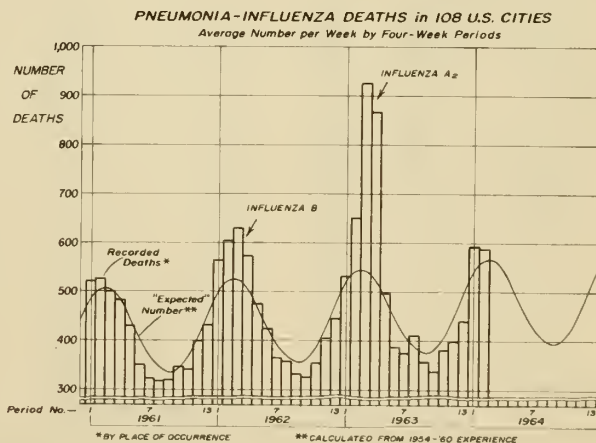
New England was the single regional exception to this nation-wide decrease. Its total of 1,408 cases is the highest for any similar period since reporting began in 1952. The attack rates for three New England States, Maine (65.6), New Hampshire (37.0), and Vermont (22.1), ranked first, second, and fourth, respectively, in the nation for the period. Alaska was third with a rate of 32.1 per 100,000 population. The high attack rates in New England are, in large part, a reflection of late spread of the epidemic of infectious hepatitis which had its national peak in the epidemiologic year 1960-61.

SUMMARY OF PNEUMONIA AND INFLUENZA DEATHS

The weekly average number of pneumonia-influenza deaths for the four-week period ending February 8 was 589 as compared with an expected weekly average of 564. The period is characterized by a steady weekly decline from an excess of 76 to 33 below the expected number.

PNEUMONIA-INFLUENZA DEATHS IN 108 CITIES

	Week Ending				4 Week Total	Weekly Average
	1/18	1/25	2/1	2/8		
Observed	636	598	590	534	2,358	589
Expected	560	564	566	567	2,257	564
Excess	76	34	24	-33	101	25



(See Table, page 52)

Table 3 CASES OF SPECIFIED NOTIFIABLE DISEASES UNITED STATES
FOR WEEKS ENDED

FEBRUARY 8, 1964 AND FEBRUARY 9, 1963 (6th WEEK)

Area	Aseptic Meningitis		Encephalitis		Poliomyelitis, Total Cases				Poliomyelitis, Paralytic				
			Primary	Post-Inf.									
	1964	1963			1964	1963	Cumulative		1964	1963	Cumulative		
							1964	1963			1964	1963	
UNITED STATES...	22	15	18	25	2	5	5	24	2	4	4	20	
NEW ENGLAND.....	-	-	2	1	-	-	-	-	-	-	-	-	
Maine.....	-	-	-	-	-	-	-	-	-	-	-	-	
New Hampshire.....	-	-	-	-	-	-	-	-	-	-	-	-	
Vermont.....	-	-	-	-	-	-	-	-	-	-	-	-	
Massachusetts.....	-	-	-	1	-	-	-	-	-	-	-	-	
Rhode Island.....	-	-	-	-	-	-	-	-	-	-	-	-	
Connecticut.....	-	-	2	-	-	-	-	-	-	-	-	-	
MIDDLE ATLANTIC.....	3	1	9	1	1	1	1	3	1	1	1	3	
New York City.....	-	-	7	-	-	-	-	-	-	-	-	-	
New York, Up-State.....	-	-	2	-	1	1	1	2	1	1	1	2	
New Jersey.....	2	-	-	-	-	-	-	-	-	-	-	-	
Pennsylvania.....	1	1	-	1	-	-	-	1	-	-	-	1	
EAST NORTH CENTRAL...	3	1	-	8	-	-	-	7	-	-	-	5	
Ohio.....	-	-	-	2	-	-	-	2	-	-	-	1	
Indiana.....	1	-	-	-	-	-	-	-	-	-	-	-	
Illinois.....	-	1	-	1	-	-	-	5	-	-	-	4	
Michigan.....	2	-	-	5	-	-	-	-	-	-	-	-	
Wisconsin.....	-	-	-	-	-	-	-	-	-	-	-	-	
WEST NORTH CENTRAL...	-	-	2	-	-	-	-	1	-	-	-	1	
Minnesota.....	-	-	-	-	-	-	-	1	-	-	-	1	
Iowa.....	-	-	-	-	-	-	-	-	-	-	-	-	
Missouri.....	-	-	-	-	-	-	-	-	-	-	-	-	
North Dakota.....	-	-	-	-	-	-	-	-	-	-	-	-	
South Dakota.....	-	-	-	-	-	-	-	-	-	-	-	-	
Nebraska.....	-	-	-	-	-	-	-	-	-	-	-	-	
Kansas.....	-	-	2	-	-	-	-	-	-	-	-	-	
SOUTH ATLANTIC.....	3	2	1	4	1	-	4	1	1	-	3	1	
Delaware.....	1	-	-	-	-	-	-	-	-	-	-	-	
Maryland.....	-	-	-	-	-	-	-	-	-	-	-	-	
Dist. of Columbia..	-	-	-	-	-	-	-	-	-	-	-	-	
Virginia.....	2	2	1	-	-	-	-	-	-	-	-	-	
West Virginia.....	-	-	-	2	-	-	-	-	-	-	-	-	
North Carolina.....	-	-	-	-	-	-	1	1	-	-	-	1	
South Carolina.....	-	-	-	-	1	-	1	-	1	-	1	-	
Georgia.....	-	-	-	-	-	-	-	-	-	-	-	-	
Florida.....	-	-	-	2	-	-	2	-	-	-	2	-	
EAST SOUTH CENTRAL...	3	5	-	1	-	-	-	1	-	-	-	-	
Kentucky.....	1	4	-	-	-	-	-	-	-	-	-	-	
Tennessee.....	2	1	-	1	-	-	-	-	-	-	-	-	
Alabama.....	-	-	-	-	-	-	-	1	-	-	-	-	
Mississippi.....	-	-	-	-	-	-	-	-	-	-	-	-	
WEST SOUTH CENTRAL...	1	-	-	2	-	3	-	8	-	3	-	8	
Arkansas.....	-	-	-	1	-	-	-	-	-	-	-	-	
Louisiana.....	-	-	-	1	-	2	-	7	-	2	-	7	
Oklahoma.....	-	-	-	-	-	-	-	-	-	-	-	-	
Texas.....	1	-	-	-	-	1	-	1	-	1	-	1	
MOUNTAIN.....	3	1	-	1	-	-	-	-	-	-	-	-	
Montana.....	-	-	-	-	-	-	-	-	-	-	-	-	
Idaho.....	-	-	-	-	-	-	-	-	-	-	-	-	
Wyoming.....	-	-	-	-	-	-	-	-	-	-	-	-	
Colorado.....	2	-	-	1	-	-	-	-	-	-	-	-	
New Mexico.....	-	-	-	-	-	-	-	-	-	-	-	-	
Arizona.....	1	1	-	-	-	-	-	-	-	-	-	-	
Utah.....	-	-	-	-	-	-	-	-	-	-	-	-	
Nevada.....	-	-	-	-	-	-	-	-	-	-	-	-	
PACIFIC.....	6	5	4	7	-	1	-	3	-	-	-	2	
Washington.....	1	-	-	1	-	-	-	-	-	-	-	-	
Oregon.....	-	-	-	-	-	-	-	-	-	-	-	-	
California.....	5	5	4	5	-	1	-	3	-	-	-	2	
Alaska.....	-	-	-	-	-	-	-	-	-	-	-	-	
Hawaii.....	-	-	-	1	-	-	-	-	-	-	-	-	
Puerto Rico	---	-	---	---	---	-	-	-	---	-	-	-	

Taiwan

The epidemic of acute respiratory disease recently noted in the city of Taipei (MMWR, Vol. 13, No. 5), continues to show signs of waning, without evidence of significant spread to other parts of the country.

Preliminary serologic data, from the U.S. Naval Medical Research Unit No. 2 laboratories in Taipei, indicate that the agent in this epidemic is a Type A influenza virus — probably subtype A₂. There has been no evidence to implicate the Influenza B/Taiwan/62 strain in the present outbreak. (The latter strain was recovered from a localized institutional outbreak in Taipei in October 1962, and was found to be antigenically distinct from all former B isolates.)

(Reported by Capt. Robert Phillips, MC, USN, Officer in Charge, U.S. Naval Medical Research Unit No. 2, Taipei; and Capt. Jack W. Millar, MC, USN, Director, Preventive Medicine Division, Department of the Navy, and an Epidemiologist from the Communicable Disease Center.)

Japan

Serologic studies performed at the Japanese Influenza Center in Tokyo have implicated an influenza B virus as etiologic agent in the current outbreaks on the Island of Kyushu. Further studies, aimed at characterizing this agent antigenically — particularly with regard to its possible relation to the B-Taiwan strain — are now in progress.

Estimated total number of cases on Kyushu now stands at 100,000 through February 6. Cases have been relatively mild with a low incidence of complications. Highest attack rates have been observed in the 6-14 year age group. There has been no report of outbreaks on islands other than Kyushu, thus far.

(Reported by Hideo Fukumi, M.D., Chief, Japanese Influenza Center, Tokyo; and American Liaison, U.S. Naval Attache, Tokyo.)

In addition to the established procedures for reporting morbidity and mortality, the Communicable Disease Center welcomes accounts of interesting outbreaks or cases. Such accounts should be addressed to:

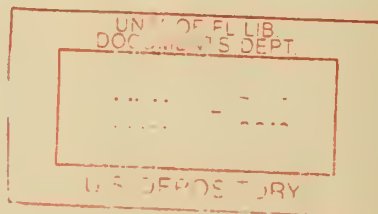
Lowrence K. Altman, M.D., Editor
 Morbidity and Mortality Weekly Report
 Communicable Disease Center
 Atlanta, Georgia 30333

Notes: These provisional data are based on weekly telegrams to the Communicable Disease Center by the individual State health departments.

Symbols: --- Data not available

• Quantity zero

Procedures for construction of various mortality curves may be obtained from Statistics Section, Communicable Disease Center, Public Health Service, U. S. Department of Health, Education, and Welfare, Atlanta, Georgia 30333.



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